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Dr. David G. Williams

Get Your Facts, Make Your Choice

During an interview several years ago, I was asked what impact I thought the Internet would have on improving the accuracy of health reporting. Most of the people at the interview thought it would turn out to be the ultimate watchdog—providing complete access

to the facts on a more timely basis and exposing bogus claims in record time. My thoughts were a bit different.

While I thought there was great potential for helping ferret out the truth, my impression was that the amount of information available on the Internet would probably confuse most people. The Internet has become an easier, less-expensive, less-regulated advertising and sales tool for both legitimate and not-so-legitimate products and services. There seem to be very few true, unbiased, Internet “watchdogs” when it comes to health claims and various products. (For the record, I do not consider myself unbiased. My obvious bias leans toward traditional and natural therapies, whenever possible, as opposed to therapies like drugs and surgery.) However, there is one Web site that currently gives a more objective view on recent reports of so-called medical breakthroughs reported in newspapers, magazines, and TV news programs.

If you have Internet access, I suggest you check www.HealthNewsReview.org. It's run by the University of Minnesota School of Journalism and Mass Communication. Each week, you'll find accuracy ratings for recent stories or reports. It's certainly not perfect, but it goes a long way in exposing inaccurate reporting.

I won't go into all the details of their rating system, but I think it's important to understand how pharmaceutical companies (in particular) manipulate clinical findings to help get their latest drugs approved and sold. One great example the site gives involves the difference between what is called absolute risk and relative risk.

In their example, they use the risk of a patient with diabetes developing blindness during a five-year period. If the risk for blindness is two percent in patients treated conventionally and one percent in those treated with a new drug, the absolute difference is one percent (two percent minus one percent). Not big news in anyone's book.

However, if you're trying to promote the new drug, you could discuss the relative risk—the ratio of the two risks—which is also accurate. In this example, one percent divided by two percent equals 50 percent. In other words the headline could read, “New drug reduces risk of blindness by 50 percent.”

The reporting of relative risk happens each time a drug company pumps out a press release. Reporters and newscasters swallow it hook, line, and sinker—and then regurgitate it on command for the public's consumption.

I don't think most readers of *Alternatives* are still naive enough to believe that the FDA is an effective watchdog looking out for our best interests. There are numerous well-documented books written about the coziness and inappropriate connections that exist between the FDA and the pharmaceutical companies. More examples seem to surface every week.



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You will observe with concern how long a useful truth may be known, and exist, before it is generally received and practiced on.—Benjamin Franklin

Two-Faced Is as Two-Faced Does

The FDA has a way of sweeping reports of adverse drug reactions and prescription-related drug deaths under the carpet while, at the same time, having no qualms about condemning and removing vitamins and food supplement products from the market based on the flimsiest evidence of harm.

A prime example was when the FDA jerked the amino acid L-tryptophan off the market because a single contaminated batch from Japan was linked to eosinophilia-myalgia syndrome (EMS). It was a serious situation, but it was readily confirmed that only one batch from one supplier was contaminated. Still, the FDA banned it from consumer sales. Fortunately L-tryptophan is once again available, but most suppliers have already switched to its metabolite 5-HTP (5-hydroxytryptophan). When you take L-tryptophan, much of it gets converted to 5-HTP that is then converted to serotonin—a chemical in the brain associated with mood, behavior, and sleep—that is in turn converted to melatonin.

(For reasons unknown to me, not everyone responds the same to L-tryptophan, 5-HTP, or melatonin. It takes trial and error to see which one works best for improving sleep and mood. With the return of L-tryptophan to the marketplace, once again we have three safe and effective tools to work with. A 1,000-mg dose of L-tryptophan compares to a 50- to 100-mg dose of 5-HTP.)

As easy as it is to find instances where the FDA has over-reacted concerning natural products, it's even easier to find where they have turned a blind eye to the dangers of some prescription drugs.

The Blind Leading the Blind

One of the FDA bulletins I received last year concerned topical creams used to treat eczema. Although the bulletin highly discounted the facts, there are reports of cancer and death in people using the product Protopic (tacrolimus). Another product called Elidel (primecrolimus) is in the same drug class and is also mentioned as potentially causing cancer.

Protopic is the same drug as Prograf, a powerful immunosuppressant used to prevent kidney and liver transplant rejection. This drug is commonly used on adults *and children* with eczema. The manufacturers, along with the Society for Pediatric Dermatology, petitioned the FDA *not* to issue cancer warnings even though as many as half the reports of such cancers as multiple myeloma, Hodgkin's disease, and leukemia were in children. Even the American Academy of Dermatology stated that the drugs are safe since they are used topically and little, if any, supposedly gets inside the body. Unfortunately, they do get into the body—particularly in children, whose skin is more permeable. Children also have a higher surface area of skin to their body volume, effectively increasing their exposure risks. [Editor's note: For a solution for eczema, see "The Test of Time" on the next page.]

These drugs are still on the market and, from what I can tell, the FDA has no intention of removing them. I guess any change in that position will require another large-scale lawsuit by cancer victims and families who have lost loved ones. And I'm sure the drug companies have already calculated those costs into their profit model. To them it's just another cost of doing business.

Pining for Weight Loss

As you may know by now, I'm not much into weight-loss supplements. Losing weight and maintaining proper weight requires more than a magic pill. While plenty of drugs (and even some natural compounds and fad diets) will promote rapid weight loss, the positive results will be short-lived without permanent dietary changes and exercise. Worst of all, most of these quick weight-loss techniques have been shown to adversely change your metabolic set point. In simple terms, constant dieting lowers your metabolic rate—causing your body to store excess fat and making it harder and harder to lose weight in the future.

When combined with exercise and a proper diet, however, there are certain supplements—such as CLA



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The Test of Time: *Eczema Treatment*

About ten years ago, a couple of doctors in London began testing a Chinese herbal tea that reportedly was effective for eczema. The original double-blind study involved 47 children who were treated for eight weeks. Only 37 of the 47 completed the study (some dropped out due to their aversion to the taste of the tea). Based on their positive experiences, parents of the remaining 37 all chose to continue on the study for a full year.

At the end of the year, 18 enjoyed a 90 percent reduction in their eczema and five showed lesser degrees of improvement. (The others either withdrew or showed little response.) Seven of those who improved were able to completely quit taking the tea and had no relapse of the eczema. The other 16 still needed to use the tea to keep their condition in check, but only four of these needed to use the tea every day. (*Br J Dermatol* 92;126(2):179–184, *Br J Dermatol* 94; 130(4):488–493)

The synergistic components in this Chinese remedy appear to work by stopping inflammatory prostaglandins and leukotrienes. The same inflammatory process also contributes to problems like psoriasis, emphysema, and asthma.

Until recently this tea wasn't commercially available in this country. However, a small company in California is selling the tea in tea bags and has also put the herbs in capsules.

The company obviously isn't allowed by the FDA to make any claims for the tea, so it is simply referred to as E-tea. You can purchase the tea from P.C. Teas Corp., www.TeasToHealth.com or 800-423-8728. You can get 20 tea bags for \$6.45 plus \$3.20 shipping. A bottle of 30 capsules costs \$15.50 plus shipping.

The researchers suggested that, for best results, you should eliminate spicy and hot foods, alcohol, and shellfish from your diet. You should also increase your consumption of vegetables, fruit, fruit juices, and lean meat and fish.

If you're using the tea, the suggested dosage is one cup after each meal for the first week. From what I can tell, it's not unusual to see some improvement as early as the first three or four days. After the first week, if you see improvement, you can taper down to two cups of tea a day following meals and then down to one cup daily.

This is one therapy where the dosage will vary from individual to individual and will have to be adjusted according to the results you're getting. I should also mention that if need be you can use a little honey (not sugar) to tone down the taste.

If you decide to try the capsules, I suggest starting with two capsules daily for the first week or two (one in the morning and one in the evening). The following week, if the results are positive, you can try taking only one capsule per day. Again, depending on results, the dosage can be tapered down or possibly even eliminated.

I've been using the tea with several individuals, and the results have been very promising. I haven't followed anyone for as long as a year, but I can tell you that about 60 percent of those I monitored have seen a major reduction in their eczema in just two to three weeks. This is a therapy that has been working when seemingly everything else has failed.

Tip from Vol. 8, March 2000

(conjugated linoleic acid)—that help promote fat reduction within just three months without any detrimental effects. A new report presented at the American Physiological Society of Experimental Biology showed that the location of fat loss when using CLA was different in men compared to women. This location-specific loss of fat was a new finding.

Women taking CLA lost fat in the legs and abdomen while men only lost fat in the abdomen. Neither lost fat in their arms. (It just so happens that additional fat in the legs and abdomen has been linked to an increased risk of cardiovascular disease and diabetes.)

After six months of CLA use, there was an average loss of 4.4 pounds of fat—which was about six percent of total body fat. It's interesting to note that the overall body weight loss was only 3.3 pounds, because CLA caused a subsequent gain of lean muscle mass. (I've discussed this result before, because many people get disappointed when they don't seem to lose as much weight as expected after regular CLA use. They often don't realize that their body is adding additional muscle as they lose the fat—and muscle is far more dense than fat.)

As a side note, the positive research concerning CLA just continues to accumulate. There's now preliminary
(*Weight Loss continued on page 101*)

L-ARGININE AND HEART HEALTH

Question: In your March 2006 report, you recommend up to four grams of L-arginine a day. I assume you must have read the report of the VINTAGE MI study conducted by Johns Hopkins and the University of Maryland. It was published in the January 4, 2006 *Journal of the American Medical Association*. The study was stopped when six of the 78 patients taking L-arginine died. Do you still feel that L-arginine is safe? If so, why do you feel the study was in error?

R.W.T.,
by e-mail

Answer: In that study, L-arginine was given to patients within 3 to 21 days of having their first myocardial infarction (a heart attack). They were given 1 gram three times a day for the first week, 2 grams three times a day for the second week, and 3 grams three times a day thereafter. As you mentioned, six of the 78 patients taking arginine died during the study period—in contrast to none in the placebo group.

Based on these findings, I wouldn't recommend high doses of L-arginine to individuals who have experienced a recent heart attack.

Earlier studies have demonstrated that L-arginine is beneficial for individuals who have angina and congestive heart failure. L-arginine increases nitric oxide, which, in turn, opens or dilates blood vessels and improves circulation. Nitroglycerin tablets, which have been used safely for decades to treat angina, relieve the pain by breaking down into nitric oxide and opening up the circulation.

As I've mentioned before, the nitric oxide produced by L-arginine is very unstable and has a very short life. Once produced, it is broken down within seconds by components of hemoglobin in the blood. The excess byproducts of increased nitric oxide production may promote damage to the arteries if they aren't "scavenged" by such antioxidants as vitamin E, vitamin C, alpha-lipoic acid, and others.

Also keep in mind that, in addition to improving circulation, nitric oxide can act as a rather powerful "oxidative" gas to help the body destroy such intracellular pathogens as viruses, bacteria, fungi, et cetera. Our ability to increase nitric oxide levels is an important part of our body's immune system. It can also be a double-edged sword. Without adequate protection from oxidation, normal cells will get injured or damaged along with the pathogens. One of the body's main tools for protecting normal cells from oxidative damage is the amino acid complex glutathione.

I've written extensively about glutathione in the past. The short and sweet of the glutathione story is that the

higher your levels of glutathione, the longer you'll probably live. Studies have repeatedly shown that sick, weak individuals have low levels and those who maintain high levels tend to live well into their 80s, 90s, and beyond.

The foods rich in glutathione include the cruciferous vegetables, avocados, and raw milk from cows and goats. You can also increase your levels with the amino acid N-acetylcysteine. One of the easiest and best methods to raise levels is through the consumption of whey protein powder—which is one of the reasons I recommend including it in your everyday diet. It would have been nice to compare the glutathione levels of those in the JAMA study who experienced problems to those who didn't.

Combination, Not Isolation

Through trial and error, body builders are often on the cutting edge of nutritional supplement use. Not that they are always right; in many instances they push the limits of safety to the point of endangering their own health just for the sake of a competitive advantage.

Although I personally think it's excessive, some body builders have routinely used up to 30 grams of L-arginine a day for years without any noticeable ill effects. They whey-based protein powder I mentioned earlier has become a necessary staple of body builders, which undoubtedly helps explain why they can get away with taking such high amounts of L-arginine daily.

I'm not sure what happened in the study you mentioned. All those who died had sepsis (a widespread blood infection), which doesn't appear to be connected to L-arginine or its metabolism. It's well known, though, that taking high doses of a single nutrient can often deplete other nutrients, vitamins, or minerals. For example, when you take a high dose of one of the B vitamins, it is always suggested that you also take a B-complex supplement to avoid possible problems from B-vitamin imbalances or deficiencies.

This depletion or imbalance scenario might also be the case with taking high doses of L-arginine. Not surprisingly, most people who take L-arginine on their own (as opposed to those in this study), take additional nutritional supplements as well—which may be why they don't seem to experience any problems.

To answer the other part of your question...yes, I do think L-arginine is still safe and effective. Again, however, based on this new research I wouldn't recommend its use for individuals who have recently suffered a heart attack until we know more about what actually



(Mailbox continued)

happened. I would also stress that circulation problems are neither caused nor "cured" by a single supplement (such as L-arginine). It's important to consider one's overall diet, exercise routine, medications being taken that can and will deplete vital compounds (such as statin drugs, which deplete coenzyme Q10), and the use of additional antioxidants and other supplements.

IRONING OUT PROBLEMS

Question: My daughter seems to be obsessed with eating ice. I've told her it's not good for her teeth, but she can't seem to quit. Any suggestions?

Jackie T.
Hobe Sound, Florida

Answer: The technical term for a compulsion to eat non-food items or an unusual appetite for food ingredients (such as flour, raw potato, et cetera) is pica. You don't hear about it much anymore, but I wouldn't be surprised if it becomes a more common problem in the near future.

The compulsion to eat ice is associated with a deficiency of iron. A good iron supplement will help, but I would suggest getting her on a good multi-vitamin/mineral supplement as well just to help cover the bases. If she has difficulty digesting meat, then a digestive enzyme complex might be necessary as well since the body requires adequate amounts of digestive acids for the absorption of iron.

Pica seems to be most common in those suffering from mineral deficiencies—particularly pregnant women and small children (especially those children with developmental problems).

I say pica may become more common because of one recent report that was presented at the 2006 meeting of the American Association for the Advancement of Science. Researchers reported the iron content in 15 different varieties of meat had decreased on average by 47 percent (some as much as 80 percent) and iron content in milk had dropped by over 60 percent. Other

minerals dropped as well—with magnesium levels 10 percent lower and copper levels 80 percent lower.

Additional studies involving vegetables, fruits, and wheat revealed a 5 to 35 percent decline in concentrations of vitamins, minerals, and protein over the last half century.

Quality Food Provides a Quality Life

The nutrient loss stems from several sources: food processing techniques, depleted farmland, and the never-ending push for higher yields and faster-growing crops and animals. I can see the problem getting worse in the near future. With the majority of our resources being invested in high tech and finance, not only are we driving most manufacturing out of this country, it looks like we're on the path of driving the American farmer into extinction as well. The US Census Bureau doesn't even count farmers anymore, because less than one percent of our population is now engaged in farming. The number of farms and farmers and amount of land being farmed is dropping each year. In fact, I read one report that indicated that we now have twice as many prisoners in federal, state, and local jails as we have farmers in this country.

It used to be that I could make fairly accurate predictions about what health problems we would expect to start seeing in the next five to ten years. However, the quality of our food supply is changing so rapidly nowadays that it's almost impossible to narrow down the long list of problems that will be created from the lack of nutrients in foods.

My mom always tells me that I can't save the world, and, as usual, she's right. I would hope, however, that the message you get from these latest reports is that it's now more important than ever to be taking a good multi-vitamin/mineral supplement on a consistent basis. And, if you can start your own garden or have access to naturally grown and/or organic foods, it's time to utilize those food sources. Anyone who thinks they can achieve their optimal health by relying on commercially farmed and/or commercially processed foods will be very disappointed to say the least.

(Weight Loss continued from page 99)

animal research indicating that CLA can help stop the metastasis, or spread, of human prostate cancer cells.

Rats were injected with human cancer cells, then divided into three groups. One group received CLA, another received linoleic acid (LA), and the third was just given their normal diet.

After eight weeks, those rats being given the CLA had significantly fewer tumors than those in the other two groups—and many of the tumors that were present

had actually stopped growing. At the end of the study, 100 percent of those given LA had developed lung-cancer metastasis compared to 80 percent on the normal diet and only 10 percent of those being given CLA. A comparable dosage for humans would be about 3,000 to 4,000 mg a day. (*Anticancer Res* 98;18(3A):1429-1434)

The Seeds of a Solution

Another very useful study, just presented at the American Chemical Society's meeting in March, involved

the use of pine nut oil. Most people's exposure to pine nuts is limited strictly to pesto or baklava. However, pine nuts (actually they are seeds and not nuts) and pine nut oil have reportedly been used as a food source for over 6,000 years. (*ACS Annual Meeting, Atlanta, March 28 06*)

There are about 140 species of pine, but only about 20 produce seeds large enough to harvest. Most now come from the Korean pine in Northeast China. There are other commercial sources in Russia and the western Himalayas. Even here in the US and Mexico, we have the pinyon pines that produce a highly sought-after seed. (At your next party or gathering, you can drop another interesting tidbit of information on your unsuspecting guests. The word "pinocchio" is Italian for pine nut.)

Researchers from the Dutch firm Loders Croklaan extracted a fatty acid, pinolenic acid, from pine nuts. When they gave 3 grams daily of this product (called PinnoThin) to a group of 18 overweight women, it worked wonders as an appetite suppressant.

Within 30 minutes of taking the capsules, the women noticed a feeling of satiation or "fullness." They also reported less hunger and consumed less food at mealtime. A closer look by the researchers revealed that taking the pinolenic acid and other pine nut oil components increased the release of two of the body's natural appetite-suppressing hormones for as long as four hours. Cholecystokinin (CCK) increased by 60 percent and the glucagon-like peptide-1 (GLP-1) increased by 25 percent. These are the hormones that tell your brain that you're full—which, in turn, reduces your desire to eat.

Long-term studies have not yet been done to see exactly how effective the pine nut-derived product will be. However, I suspect the results will be very positive. And, unlike drugs or fad diets, the safety record of pine nuts isn't an issue.

PinnoThin is currently available from only two sources. Life Extension (www.lef.org or 800-544-4440) has Natural Appetite Control—which contains just PinnoThin. Progressive Health (www.ProgressiveHealth.com or 888-482-6460) sells a combination product called Lipitrex that also contains caffeine and guaraná. So if caffeine gives you the jitters, you're better off sticking with the Life Extension product. Other products will be coming on the market over the next year or so.

Straight pine nut oil is also available, but it can be a bit expensive. Try Siberian Tiger Naturals (www.SiberianTigerNaturals.com or 802-427-1222); or L'Epicerie (www.lepicerie.com or 866-350-7575).

Pine nut oil is not something you should cook with since it has a low smoke point. It is considered more of

a seasoning or "finishing" oil that is great on salads as a dressing. It can also be drizzled on pasta or vegetables. I would suggest starting out with a tablespoon or two about 30 minutes before the main meal, and experiment on how much it takes before you personally begin to notice a drop in your appetite.

In addition to the oil, you can find the actual pine nuts on the market. If they are unshelled and kept refrigerated (or preferably in the freezer) they will last a long time. I wouldn't suggest buying shelled nuts, however, unless you know when they were shelled and how they have been stored. The beneficial oils deteriorate and become rancid within days if exposed to hot, humid conditions.

There Are No Magic Bullets

In 1999–2000, 67.2 percent of men in this country were obese or overweight. The latest figures from 2003–2004 show that the percentage has now risen to 70.8. Men aged 40–59 fared the worst; their number jumped from 70.0 percent to 78.2 percent during that same period. Unfortunately, obesity in children is also climbing out of control. In 1999–2000, 13.9 percent of children aged 2–19 were overweight. That figure rose to 17.1 percent in 2003–2004. (*JAMA* 06;295:1549–1555)

The consequences of our epidemic of childhood obesity are further demonstrated by the fact that the use of medications used to treat type 2 diabetes doubled in children from 2002 to 2005. This is one case where the prediction is a no-brainer. The next stage of this epidemic will reveal a dramatic decrease in both the quality of life and life expectancy in the younger age groups.

I shouldn't have to say this, but I guess I will. CLA and pine nut oil (or PinnoThin) aren't the total answer to losing or controlling weight. They are two extremely useful, safe, natural, and effective food products that can help in the fight against obesity—and the subsequent cardiovascular disease and diabetes that follow.

Mom Was Right, Again

Here are two additional tips you can utilize when it comes to weight loss.

First, cut out all soft drinks, fruit juices, chocolate milk, frappés, and other sweetened, creamy drinks. On average, individuals in this country consume 21 percent of their calories in the form of beverages. Unlike food, beverages don't give you a feeling of fullness or decrease your appetite. And as I've reported previously, the artificial sweeteners used in many of these drinks have actually been shown to increase appetite. It's senseless and a waste of time to diet by

skipping meals when almost one-fourth of the caloric intake is from beverages. One of the easiest and most effective ways to cut calories is to switch to drinks like water, club soda with lime, coffee, and unsweetened teas. An occasional glass of tomato juice, V8, or skim milk will give you some variety if you need it.

Second, eat a hearty breakfast. I generally have a daily protein shake, but I often have it later in the day and eat a good breakfast that includes eggs (often with smoked salmon or kippers and avocado). One recent study documented the effect of two different breakfasts on 30 overweight women. Half the group had two scrambled eggs with two slices of toast. The other group had a bagel, 2 tablespoons of cream cheese, and 3 ounces of low-fat yogurt. The breakfasts had the same number of calories.

The women who ate the egg breakfast reported feeling fuller and ate 164 calories less for lunch than the bagel group. And during the next 36 hours they ate 400 fewer calories than those eating the bagels.

A high-protein breakfast suppresses the appetite and food intake by reducing production of the appetite-stimulating hormone ghrelin. Eating protein also increases energy production and reduces the tendency of the body to store calories as fat. And, according to studies, fish protein is even better than beef protein at reducing food intake—but if eating fish for breakfast is a little too tough, then at least go for the eggs. Every little bit will help, and we obviously need all the help we can get in this country. Dieting isn't working. Low-fat foods and low-carb foods aren't the answer. Solving the obesity problem will require additional exercise and the return to a clean, wholesome diet and a good breakfast every morning—just like our mothers have always told us.

A Real Pain in the Throat

It seems like the more we learn about the human body, the less we actually know. The way our bodies work is far more complex and interconnected than we can imagine. This fact has obviously fallen on deaf ears in many cases—which is evident in many of the current procedures practiced in medical circles today. The most recent example involves the removal of tonsils.

The general feeling in medicine today is that the tonsils and adenoids are of little value and, at most, may have marginal benefit in the early years for fighting upper respiratory infections. Currently, doctors remove them from nearly 600,000 people a year in this country for all types of reasons. The American Academy of Otolaryngology (surgeons) recommends removing tonsils when a child has more than three sore throats a year.

The American Academy of Pediatrics (non-surgeons) recommends having them removed after seven infections in a year. Surprisingly, there is little, if any, evidence that indicates the removal of tonsils actually prevents additional infections.

These days, one of the main reasons for tonsil removal in children is sleep apnea—which is another health problem that used to be practically unheard of in children. Sleep apnea started surfacing in the last couple of generations due to the growing childhood obesity problem that I mentioned in the previous article. Most doctors have been led to believe that the tonsils are fairly useless after the age of four or five, so cutting them out to treat sleep apnea seems far more practical than getting children to change their diets and increase their activity. However, some new research strongly suggests that removing these glands may have far more impact than anyone realized.

Researchers at the University of Buffalo in New York found that, on average, children experienced a 13 percent increase in weight following the removal of their tonsils and adenoids. Dr. James Roemmich, the lead researcher in the study, stated that the weight gain caused by the surgery to help relieve the breathing problem in these children could create a vicious cycle. "Weight gain in these children is a concern. Obesity may be a primary cause of obstructive sleep-disordered breathing, so additional weight gain may lead to a re-occurrence of obstructed breathing during sleep in spite of the surgery." (*Pediatrics* 06;117(2):200–208)

Your tonsils are an important part of your immune system. They come into constant contact with foreign proteins, bacteria, viruses, fungi, pollens, et cetera. They are often the first defense in your upper respiratory tract. When they are enlarged, it is generally a sign that either they are working to eliminate these foreign antigens or there is a food allergy—which is most commonly from milk and/or milk products. Oftentimes, eliminating milk from the diet will allow the problem to resolve.

However, if an infection and inflammation are present, I would recommend gargling with warm salt water with the addition of a couple of drops of either iodine that is safe for oral consumption (such as Iosol) or a good colloidal silver product. Additionally, I have found that the regular use of xylitol-based mouthwashes and nasal spray (Xlear), along with xylitol-based gums, can help resolve the problem—often permanently.

If the child is experiencing sleep apnea and also happens to be obese, as were the children in this study, it should go without saying that surgery isn't the answer.

Bathing and Breathing: A Bacterial Maelstrom

For several years, one of the hot luxury items in homes has been whirlpool baths. One leading manufacturer alone has reported selling over two million such baths—600,000 of them in just the last four years. I'm not talking about hot tubs, the spa-like tubs that stay filled and are constantly chemically treated. Instead, I'm referring to the bathtubs that use circulating water jets and are drained after each use. You'll probably be hearing a lot more about whirlpool baths in the next few years as many of their manufacturers start getting hit with lawsuits.

Rita Moyes, a microbiologist at Texas A&M University, recently tested 43 different whirlpool baths in homes and hotels. She discovered that every tub was contaminated by some form of microbial growth, no matter how long it had been in use. Water samples were taken immediately after filling the tubs and starting the jets, and 95 percent of the samples had fecal bacteria, 81 percent contained fungi, 56 percent had *Pseudomonas*, 36 percent had *Legionella*, and 34 percent contained *Staphylococcus* bacteria. Moyes found that, in contrast to normal tap water where a teaspoon contains about 138 bacteria, a teaspoon of whirlpool tub water contained 2.7 million bacteria. (*PM Engineer* 00(Dec))

The problem stems from the piping, which happens to be the ideal environment to harbor all type of bacteria, fungi, and (probably) viruses. The stagnant water trapped in the pipes provides a rich biofilm for bacteria and other pathogens to flourish. When the jets are switched on, the pathogen-containing sludge is blown out of the pipes and into the water. These pathogens can then enter the skin through cuts or abrasions (or even through skin pores that open due to the warmth of the water).

The whirlpool action also creates an aerosol of pathogens that can be inhaled by the bather or anyone nearby. In one incident, 150 people were sickened by Legionnaire's

disease, and 16 died, after passing by a whirlpool bath that was part of a display at a Dutch flower show.

In addition to Legionnaire's disease, the strains of bacteria Dr. Moyes identified are the same ones known to cause such problems as septicemia (infection of the blood), endocarditis (infection of the surface of the heart), gastroenteritis (infection of the gastrointestinal tract), osteomyelitis (infection of the bones), carbuncles, septic arthritis, toxic shock syndrome, Pontiac fever, pneumonia, scalded skin syndrome, and other general infections in the intestines, respiratory tract, eyes, and ears. While these forms of bacteria can cause serious problems in anyone, they could be fatal in people with weakened or compromised immune systems.

The problem is obviously widespread. Just following the manufacturers' recommendations of cleaning the tub thoroughly and adding a half-cup of bleach to each 50 gallons of tub water after each use probably isn't enough to resolve the problem. Not using the whirlpool feature will help, but every time the tub is filled a new load of pathogens can still enter the water (and if you don't use the jets, you just have an expensive bathtub).

I don't know the answer, but you'll remember some months ago I reported the fact that the use of copper pitchers appears to sterilize water stored in them. Perhaps these tubs should be plumbed with copper piping instead of the PVC more commonly used. Personally, I always take a shower.

A few companies are starting to market "pipeless" whirlpool systems that utilize individual jets that can be removed for cleaning and disinfecting (Sanijet is one).

I wanted to bring this news to your attention because I'm certain there are many cases of unexplained and probably recurring skin conditions, various infections, et cetera. And if you have a compromised immune system, a whirlpool tub is certainly one "luxury" you'll want to do without.

Take care,

Dr. David Williams

If you have questions or comments for Dr. Williams, please send them to the mail or e-mail addresses listed to the right. Of course, practical and ethical constraints prevent him from answering personal medical questions by mail or e-mail, but he'll answer as many as he can in the Mailbox section of *Alternatives*. For our part, we'll do our best to direct you to his issues, reports, and products related to the subject of your interest.

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